

COUNTRY:	CASE REFERENCE NO.	VICTIM/SURVIVOR CODE
MONITORING AGENCY ID:	MRM IMS NO.	

**THIS FORM IS AN ADD-ON. IT SHOULD BE USED TOGETHER WITH THE BASIC DATA FORMAT. PLEASE COMPLETE ONE FORM FOR EACH AFFECTED CHILD FOR WHOM INFORMATION IS AVAILABLE.**

## INDIVIDUAL VIOLATION DETAILS

### 11 VIOLATION DETAILS: RECRUITMENT AND USE OF CHILD BY ARMED FORCES/GROUPS

11.1 FACTORS INFLUENCING RECRUITMENT/USE OF CHILD. Select as many as apply

<input type="checkbox"/> ABDUCTION	<input type="checkbox"/> CONSCRIPTION	<input type="checkbox"/> INTIMIDATION	<input type="checkbox"/> FINANCIAL REASONS
<input type="checkbox"/> LACK OF BASIC SERVICES	<input type="checkbox"/> LACK OF OPPORTUNITIES	<input type="checkbox"/> TO JOIN/FOLLOW FRIENDS	<input type="checkbox"/> IDEALISM, SUPPORT THE CAUSE
<input type="checkbox"/> SECURITY FOR SELF/COMMUNITY	<input type="checkbox"/> FAMILY PROBLEMS/ABUSE	<input type="checkbox"/> REVENGE	<input type="checkbox"/> UNKNOWN
			OTHER _____

11.2 ROLE OF CHILD IN ARMED FORCE/GROUP (Select as many as apply)

COMBATANT     NON-COMBATANT     SEXUAL PURPOSES     UNKNOWN

11.3 DID CHILD USE/OWN WEAPON? (Select one)

Yes     No

### 12 VIOLATION DETAILS: KILLING

12.1 CAUSE OF DEATH (Select one)

SHOOTING/CROSSFIRE     IMPROVISED EXPLOSIVE DEVICE     SHELLING/MORTAR FIRE     AERIAL BOMBARDMENT  
 WHITE WEAPON USE     LANDMINES     CLUSTER MUNITIONS     CRUEL AND INHUMANE TREATMENT  
 SUMMARY AND ARBITRARY EXECUTION/EXTRA JUDICIAL KILLING     SUICIDE ATTACK VICTIM     FORCED PERPETRATOR OF SUICIDE ATTACK  
 OTHER \_\_\_\_\_

### 13 VIOLATION DETAILS: MAIMING

13.1 CAUSE OF MAIMING (Select one)

SHOOTING/CROSSFIRE     IMPROVISED EXPLOSIVE DEVICE     SHELLING/MORTAR FIRE     AERIAL BOMBARDMENT  
 WHITE WEAPON USE     LANDMINES     CLUSTER MUNITIONS     CRUEL AND INHUMANE TREATMENT  
 SUICIDE ATTACK VICTIM     FORCED PERPETRATOR OF SUICIDE ATTACK  
 OTHER \_\_\_\_\_

### 14 VIOLATION DETAILS: RAPE OR OTHER GRAVE SEXUAL VIOLENCE

14.1 TYPE OF VIOLENCE. (Select as many as apply)

<input type="checkbox"/> RAPE	<input type="checkbox"/> SEXUAL ASSAULT	<input type="checkbox"/> FORCED MARRIAGE	<input type="checkbox"/> MUTILATION	<input type="checkbox"/> OTHER
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14.2 WERE MONEY, GOODS, BENEFITS AND / OR SERVICES EXCHANGED IN RELATION TO THE INCIDENT?

(Select one)

Yes     No     UNKNOWN

14.3 ACCORDING TO MONITOR'S ASSESSMENT, WAS VIOLENCE ASSOCIATED WITH SEXUAL SLAVERY OR TRAFFICKING?

(Select one)

Yes     No     UNKNOWN

### 15 VIOLATION DETAILS: ABDUCTION

15.1 PURPOSE OF ABDUCTION. (Select as many as apply)

<input type="checkbox"/> CHILD RECRUITMENT AND USE	<input type="checkbox"/> SEXUAL VIOLENCE	<input type="checkbox"/> POLITICAL INDOCTRINATION	<input type="checkbox"/> HOSTAGE (INTIMIDATION)
<input type="checkbox"/> HOSTAGE (EXTORTION)	<input type="checkbox"/> UNKNOWN	OTHER _____	

## INDIVIDUAL FOLLOW-UP AND RESPONSE DETAILS

### 16 INDIVIDUAL FOLLOW-UP AND RESPONSE DETAILS

#### 16.1 ACTIONS TAKEN BY CHILD SURVIVOR OR HIS / HER CAREGIVER

Describe what actions have already been taken by the child survivor or his / her caregiver; as well as any other relevant details for follow-up.

#### 16.2 REFERRALS FOR SUPPORT SERVICES Document requests and actions to refer child appropriate support services, eg., child protection

CONSENT FOR SERVICE REFERRAL	TYPE OF SUPPORT	ORGANISATION REFERRED TO	STATUS (Select one)	DATE OF REFERRAL	RELATED CASE No. IF APPLICABLE
Y/N	Specify or click here to select.		<input type="checkbox"/> PENDING <input type="checkbox"/> DONE	DD/MMM/YYYY	
Y/N	Specify or click here to select.		<input type="checkbox"/> PENDING <input type="checkbox"/> DONE	DD/MMM/YYYY	

IF NO SUPPORT REFERRAL IS MADE, WHY NOT?

NOT NEEDED     ALREADY RECEIVED     REFERRAL DECLINED     SERVICE UNAVAILABLE     CHILD NOT ACCESSIBLE     OTHER

#### 16.3 REQUEST FOR ADVOCACY Document requests and actions to advocate on child's behalf with responsible entities.

CONSENT FOR ADVOCACY	ENTITY WITH WHOM ADVOCACY REQUESTED	STATUS (Select one)	DATE CASE PRESENTED	NOTES
Y/N	Specify or click here to select	<input type="checkbox"/> PENDING <input type="checkbox"/> DONE	DD/MMM/YYYY	
Y/N	Specify or click here to select	<input type="checkbox"/> PENDING <input type="checkbox"/> DONE	DD/MMM/YYYY	

#### 16.4 SPECIFIC FOLLOW-UP OF CHILD RECRUITED OR USED BY ARMED FORCES/GROUPS

Provide recruitment history of child, starting with the most recent incident.

DATE OF RECRUITMENT AND USE	DATE LEFT ARMED FORCE/GROUP	NAME OF ARMED FORCE/GROUP	HOW DID CHILD LEAVE? (Select one)
			<input type="checkbox"/> FORMAL DDR <input type="checkbox"/> INFORMAL RELEASE <input type="checkbox"/> CAPTURE <input type="checkbox"/> KILLED/DIED <input type="checkbox"/> RUNAWAY/ESCAPE <input type="checkbox"/> SURRENDER <input type="checkbox"/> DISSOLUTION OF ARMED GROUP    OTHER _____
			Specify or click here to select
			Specify or click here to select

#### 16.5 SPECIFIC FOLLOW-UP OF ABDUCTED CHILD

DATE OF ABDUCTION

DATE OF SEPARATION

HOW DID CHILD LEAVE? (Select one)

- INFORMAL RELEASE     CAPTURE  
 KILLED/DIED     RUNAWAY/ESCAPE     SURRENDER  
 DISSOLUTION OF ARMED GROUP    OTHER \_\_\_\_\_

#### 16.6 NOTES

Use this space to make any additional notes related to the individual child's violation and response.